

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR SIGN
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 26 2016

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0088
Date:	5-12-16
Amount Paid:	\$50
	5-12-16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: TOWN OF BELL	Mailing Address: PO Box 203	City/State/Zip: Cornucopia WI 54827	Phone: 715 742-3122
Sign Owner(s) Name: Same	Mailing Address: "	City/State/Zip: "	Phone: "
Address of Property: 22700 Siskiwit Bay Pkwy		City/State/Zip: Cornucopia WI 54827	
Contractor: Self	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-010-2-51-06-34-1 05-002-10000	Recorded Document: (i.e. Property Ownership) Volume 225 Page(s) 380
1/4 1/4	Gov't Lot 2	Lot(s)	CSM
Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 34, Township 51 N, Range 06 W		Town of: BELL	Lot Size
			Acreage 11.12

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline : 101' feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion <small>* include donated time & material</small>	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$750.00 per email	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<input type="checkbox"/> 1-Sided	10'6"	56"	10'
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided			<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> On-Building			<input checked="" type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Multi-Tenant			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): MICHAEL O'BRYON
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 5/21/16

Applicant(s): _____
(If you are applying for an Off-premise sign, the property owners must also sign this form)

Date: _____

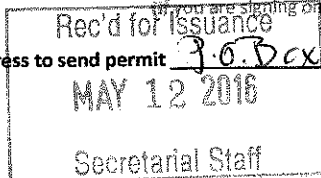
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: PO Box 203 Cornucopia, WI 54827

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed



PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
The local Town, Village, City, State or Federal agencies may also require permits.

1. Use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the sign location
3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

Lot Line

Lot →
Line

← Lot
Line

See Attachment

Name Frontage Road (Highway 13)

Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	116 Feet	Setback from the North Lot Line	Feet
Setback from the Established Right-of-Way	Feet	Setback from the South Lot Line	100 Feet
Setback from Lake, River, Stream or Pond	101 Feet	Setback from the West Lot Line	Feet
Setback from Other Sign(s)	60 Feet	Setback from the East Lot Line	Feet

Sign Plan

(Fill in Information Desired on Sign)

WISCONSIN LAKE SUPERIOR SCENIC BYWAY KIOSK
MAP OF BYWAY
NATIONAL PARK - APOSTLE ISLANDS - MAP & PICTURE
MAP OF TOWN OF BELL

Issuance Information (County Use Only)		Permit Number: <u>16-0088</u>	Permit Date: <u>5-12-16</u>
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____	
Was Parcel Legally Created <input type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No Was Property Surveyed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <u>Site identified by stakes</u> <u>waited for cost of cost to issue</u>		Zoning District: <u>12PB</u> Lakes Classification: <u>1-Super</u>	
Date of Inspection: <u>5-3-16</u> Inspected by: <u>Jacob Bore-Murphy</u>		Date of Re-Inspection: _____	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) <u>Sign shall comply w/ section 13-180 to 13-1-90 Bayfield</u> <u>County sign ordinance.</u>			
Signature of Inspector: <u>[Signature]</u>			Date of Approval: <u>5-12-16</u>

Bayfield County, WI

town of Bell Marina



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ATF Pole Building Addition
8152-2477

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Permit #: 16-0091
Date: 5-12-16
Amount Paid: \$150
Refund: 5-12-16
MAY 09 2016
ENTERED
Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Judith M. Hahn Mailing Address: 85305 City Rd C CORNUEPIN WIS 54827 Telephone: 715 308
Address of Property: City/State/Zip: 54827 Cell Phone: 8494
Contractor: Robert Meierotto Plumber, 779 3057 Ed's Mechanica L Plumber Phone: 715-373-5808
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 85305 City Rd C 54827 Written Authorization Attached ☐ Yes ☒ No
PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-016-2-50-06-03-161-1 Recorded Document: (i.e. Property Ownership) Volume 685 Page(s) 65
U1/4, A1E 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage
Section 3, Township 50 N, Range 6 W Town of Bell

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? NO If Yes--continue -- Distance Structure Is from Shoreline: feet
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue -- Distance Structure Is from Shoreline: feet

Value at Time of Completion * include donated time & material \$ 58601

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 40 Height: 20
Proposed Construction: Length: 16 Width: 12 Height: 10 FT

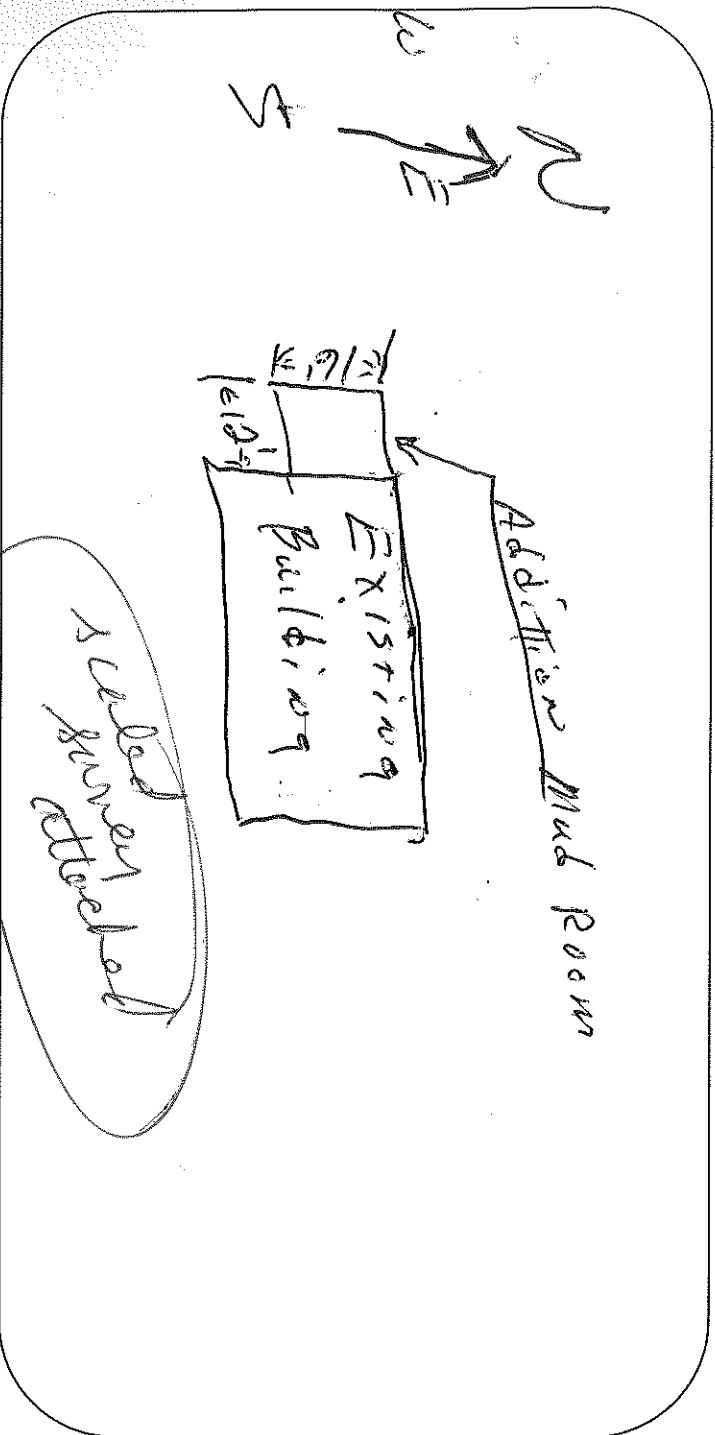
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> with Loft	(X)		
<input type="checkbox"/> with a Porch	(X)		
<input type="checkbox"/> with (2nd) Porch	(X)		
<input type="checkbox"/> with a Deck	(X)		
<input type="checkbox"/> with (2nd) Deck	(X)		
<input type="checkbox"/> with Attached Garage	(X)		
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)		
<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)		
<input type="checkbox"/> Addition/Alteration (specify) _____	(X)		
<input type="checkbox"/> Accessory Building (specify) _____	(X)		
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) LEAN TO	(15 X 14)	192	
<input type="checkbox"/> Special Use: (explain) _____	(X)		
<input type="checkbox"/> Conditional Use: (explain) _____	(X)		
<input type="checkbox"/> Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Judith M. Hahn Date 5-9-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Dennis Hopp Date 5-9-16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 85305 City Road Cornuepin 54827 Attach
If you recently purchased the property send your Recorded Deed Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	49 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	41-19 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1250 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1250 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1600 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	Permit Date:	plum - no plumbing in building	
Permit #: 16-0091	Permit Date: 5-10-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	already +	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	already +		
Inspection Record:				
Date of Inspection: 5-3-16	Inspected by: cece hughes Murphy		Zoning District (F-1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)			Lakes Classification (N/A)	
no plumbing is measured by water shall extra building when connected to approved parts. No cooking facilities allowed.				
Signature of Inspector:			Date of Approval: 5-12-16	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
APR 21 2016
Date Stamp (received)

16-2092
5-12-16
#108
5-12-16

Bayfield Co. Zoning Dept.

<input type="checkbox"/> Non-Shoreland				
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 56	Width: irregular	Height: 10

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date 4-1-88

Date 7/12/16

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of:
(2) Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):

Proposed Construction

North (N) on Plot Plan

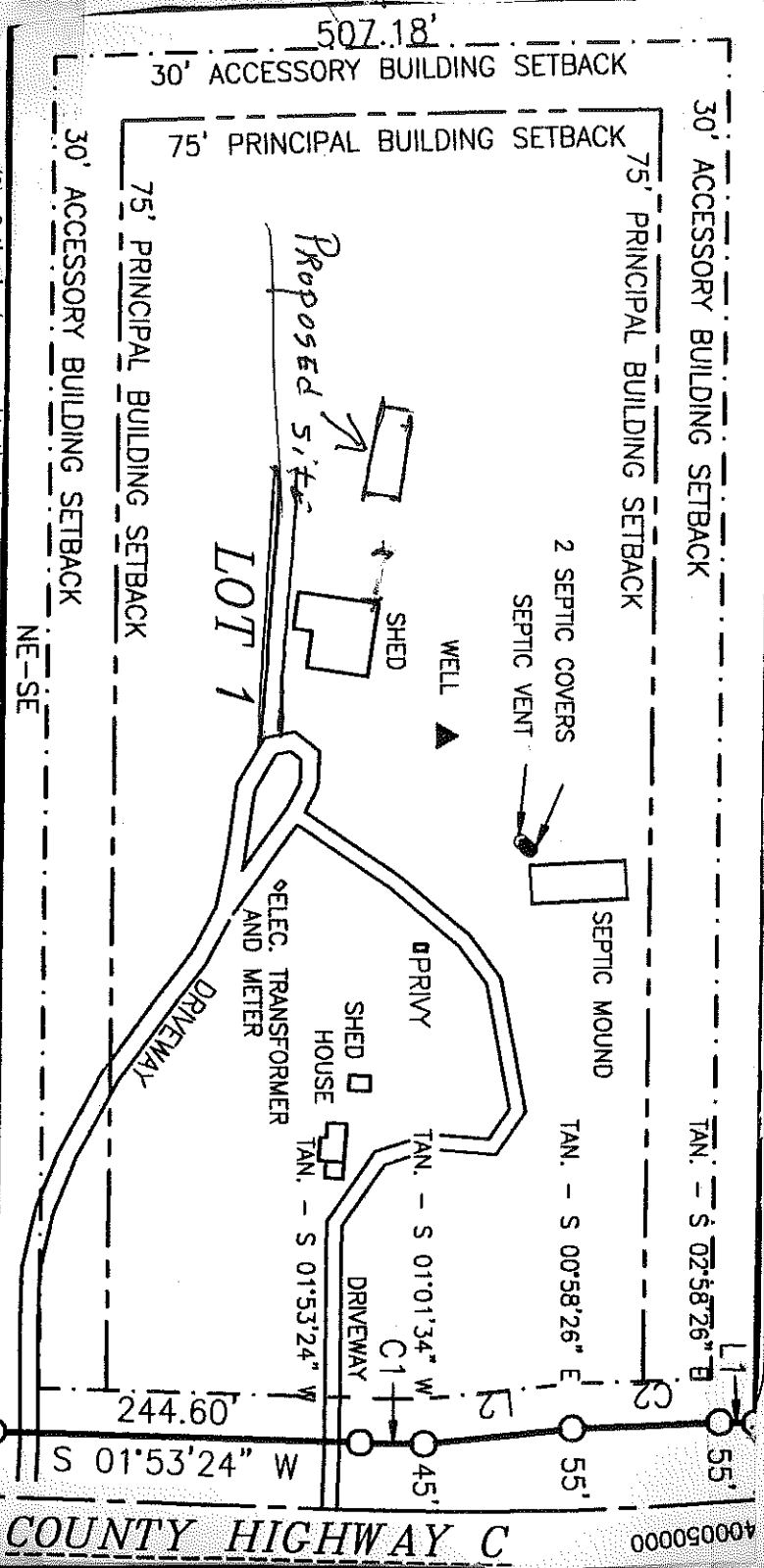
(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%



Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	570 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	197 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	197 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	384 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	398 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	230 Feet	Setback to Well	205 Feet
Setback to Drain Field	230 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

not to be used for Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

over minimum 100 feet. NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

to be used for construction of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 07-1896	# of bedrooms: 3	Sanitary Date: 10-2-2007
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0092		Permit Date: 5-12-16		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: site cleared & staked		Zoning District (F-1)		
Date of Inspection: 5-3-16		Lakes Classification (N/A)		
Conditions/own, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)		Date of Re-Inspection:		
Master Plumber Seal make code compliant connection from disceding to existing system.		Date of Approval: 5-12-16		
Signature of Inspector:		Date of Approval:		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Stamp (Received)
MAR 11 2016
Bayfield Co. Zoning Dept.

Permit #:	1600916
Date:	5-13-16
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input checked="" type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Bayfield County	
Address of Property: Trail Rd.	
Contractor: SCF	Contractor Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____
City/State/Zip: Cornucopia, WI 54927	
Mailing Address: 117 E. 5th St.	
City/State/Zip: Washburn, WI 54891	
Agent Mailing Address (include City/State/Zip): _____	
Plumber: _____	
Plumber Phone: _____	
Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: Legal Description: (Use Tax Statement)	
PIN: (23 digits) 04-010-2-50-06-10-2 01-000-10000	
Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____	
Subdivision: _____	
Lot Size _____ Acreage 160	
Section 10, Township 50 N, Range 10 W, Town of: Bell	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material \$ 4000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/> TRAILHEAD	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 115	Width: 75	Height: 14
Proposed Construction:			

Proposed Use	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	
<input type="checkbox"/>	<input type="checkbox"/> with Loft		()	
<input type="checkbox"/>	<input type="checkbox"/> with a Porch		()	
<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck		()	
<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck		()	
<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage		()	
<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		()	
<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)		()	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify)		()	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify)		()	
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain)		()	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) Trailhead		(115 x 75)	
<input type="checkbox"/>	<input type="checkbox"/> Other: (explain)		()	

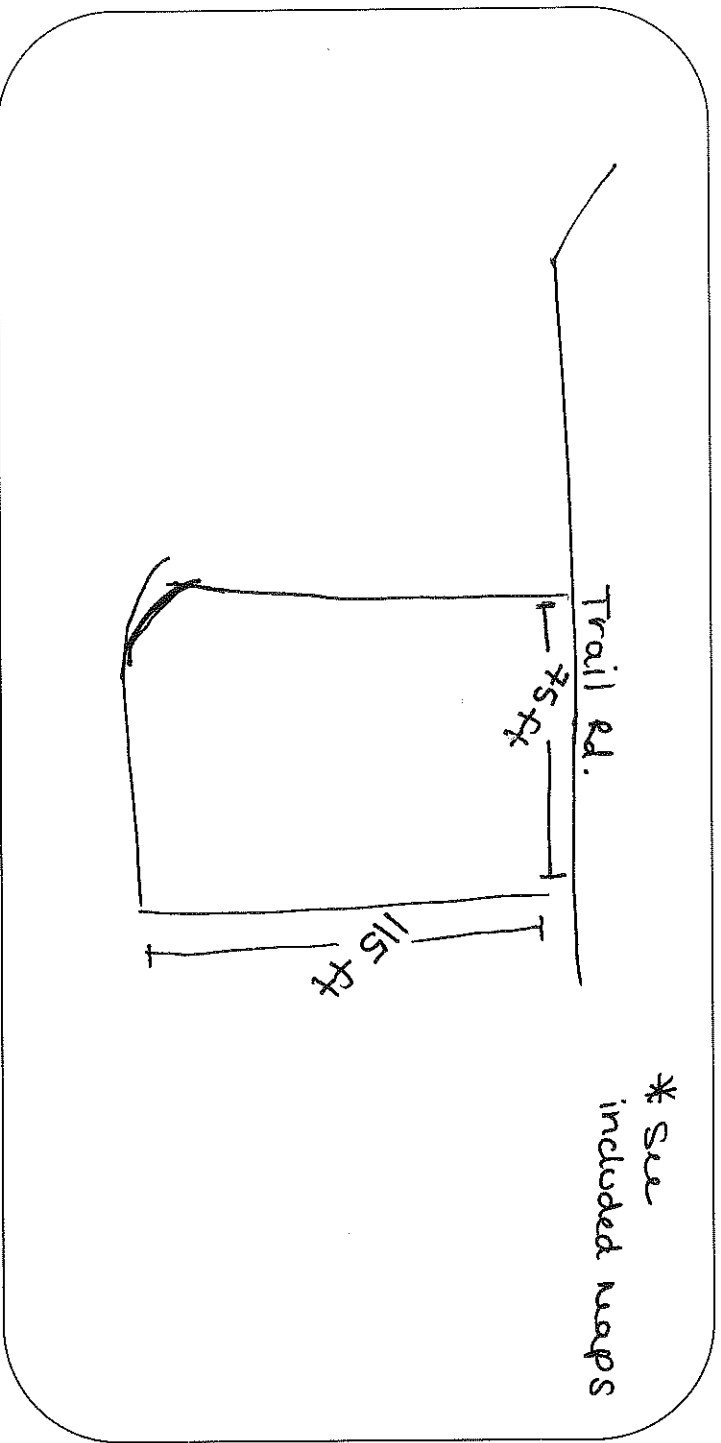
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 3/2/16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

in the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) **Show location of:** **Proposed Construction**
(2) **Show / Indicate:** **North (N) on Plot Plan**
(3) **Show Location of (*):** **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) **Show:** **All Existing Structures on your Property**
(5) **Show:** **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) **Show any (*):** **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) **Show any (*):** **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	2500 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	2500 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0096		Permit Date: 5-13-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Case #:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner	
Inspection Record:		Was Property Surveyed		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Date of Inspection: 3-15-16		Inspected by:		Zoning District: F-2	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, they need to be attached.)		Date of Re-Inspection:		Lakes Classification: ()	
Per condition of PTC committee, no filling +/- or grading in wetlands allowed.					
Signature of Inspector:					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				<input type="checkbox"/>	
Date of Approval:					